**DIRECT ISSUANCE OF COMMERCIAL PILOT LICENCE/IR**

CHECK LIST FOR RECEIVING APPLICATIONS

Name of the Applicant:

Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **Remarks** | **Office Use** |
| Application uploaded to the system |  |  | Ref. No. |  |
| Recommendation letter from flying training organization submitted  |  |  |  |  |
| Certified log book and copies received |  |  |  |  |
| Detailed breakdown of flying experience submitted |  |  |  |  |
| Cross Country and night flying Summary submitted |  |  |  |  |
| Knowledge Exams (ATPL Theory/ CPL Exams) successfully completed |  |  | Date Completed : |  |
| English Language Proficiency Check Completed |  |  | Date of Check :ELPC Level : |  |
| RT examinations successfully completed |  |  | Date of Check : |  |
| Holds valid class 1 medical certificate |  |  | Date of Medical : |  |
| NIB Clearance  |  |  | Ref. No. and Date : |  |

I understand that my application will not be processed unless I produce the original certificate / documents to TOPL section and make the relevant payments.

I hereby certify that the particulars given by me in this application are true and correct.

………………………………………….

(Applicant’s Signature)

The Application and documents received on …………………………………. and payment made.

Payment Receipt number …………………..

…………………………………..

(Receiving Officer’s signature)

Remarks